STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH should County Registration Dist. No. Village or City St.. Ward death occurred in a hospital or institution, give its NAME instead of street and number) W How long in U.S. if of foreign birth? yrs. ... mos. . . . ds. Length of residence in city or fown where death occurred statement PHYSICIAN 2. FULL NAME (a) Residence: No (Usual place of ahode) If nonresident give city or town and State Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH 4. COLOR OR RACE OR DIVUDGED (write the word) (Month) (Year) (Day) assified. 5a. If married, widowed, or givo/ced HUSBAND of Y. That Lettended deceased from (or) WIFE of certificate. 6. DATE OF BIRTH (month, day, and year) 7. AGE If LESS than proper Months Days The PRINCIPAL CAUSE OF DEATH and related causes of importance or____ min. were as follows: Date of onset 8. Trade, profession, or particular NO kind of work done, as SPINNER. 30 SAWYER, BODKKEEPER, etc hould may back 9. Industry or business in which OCCUPA work was done, as SILK MILL, SAW MILL, BANK, etc... 10. Dato deceased last worked at 11. Total time (years) this occupation (month and spent in this that occupation instructions Other Contributory Causes of importance 12. BIRTHPLACE (city or town) (State or country) supplied. HER 13. NAME FAT See 14. BIRTHPLACE (city or town) ai (State or country) What test confirmed diagnosis?_____ Was there an autopsy?_ d full MOTHER 15. MAIDEN NAME 23. if death was due to external causes (VIOLENCE) fill in also the following: = Accident, suicide, or homicide? Date of injury 19.... 16. BIRTHPLACE (city or town (State or country) Where did injury occur?_____ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. Q 17. INFORMANT should very (Address) OF 18. BURIAL, CREMATION OR Manner of injury WRITE AUSE mation Nature of injury TION 24. Was disease or injury in any way related to occupation of deceased? 19 UNDERTAKER (Address) If so, specify (Signed). Registrar. (Address)

BINDING

RESERVED

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages. however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done. 10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation,

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death .- Cause of death means the disease, injury, or complication which causes death, not the mode of dying, c. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death, As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
		ESDE 20 204	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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У .

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH item of should Registration Dist. No. Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred How-long in U.S. if of foreign birth? statement 2. FULL NAME Ward. (a) Residence: No. If nonresident give city or town and State (Usual place of abode Exact MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 21. DATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Fwrite the word (Month) (Year) (Day) 5a. If married, widowed, or divorced HUSBAND of That I attended deceased from (or) WIFE of : death is said 6. DATE OF BIRTH (month, day, and year) properly If LESS than to have occurred on the date stated above, at. 7. AGE Months Davs stated 1 deyhrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance min. 01. were as follows Date of onset Trade, profession, or particular NO kind of work done, as SPINNER. SAWYER, BOOKKEEPER, etc. back 9. Industry or business in which may OCCUPA work was done, es SILK MILL. SAW MILL, BANK, etc 10 Date deceased last worked at 11. Total time (years) this occupation (month and spant in this that occupation instructions Other Contributory Causes of importance 12. BIRTHPLACE (city or town) (State or country) supplied. terms, 13. NAME See Name of operation 14. BIRTHPLACE (city or town) plain L (State or country) What test confirmed diagnosis?_ Was there an autopsy?_____ full HER 23. If death wes due to external causes (VIOLENCE) fill In elso the following: MOTI 16. BIRTHPLACE (city or town) (Stata or country) Where did injury occur?____ should be (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) OF. 18. BURIAL, PREMATION, OR REMOVAL Menner of injury CAUSE mation Nature of injury LION 24. Was disease or injury in any way related to occupation of deceased 19. UNDERTAKER (Address) If so, specify B. Registrar. (Address)_

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To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of emilepsy 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN	ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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should state

PHYSICIANS

stated EXACTLY.

AGE should be

mation should be carefully supplied.

N. B.-WRITE PLAINLY, WI

CAUSE OF DEATH in plain terms, so that it may be properly classified.

Exact statement of OCCUPA.

1. PLACE OF DEATH County Calment	-CERTIFICATE OF DEATH 02678
Village Dr City Chaneyull	Registration Dist. No. No. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number) nos. ds. How long in U.S. if of foreign birth? yrs. mos. ds
(a) Residence: Np. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVDROED (write the word)	21. DATE OF DEATH (Month) (Month) (Month) (Month)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from 19. 19. 19.
6. DATE OF BIRTH (month, day, and year) 3/29/30 7. AGE Years Months Days If LESS than 1 day, h	
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 1D. Date deceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town)	Date of onse
(State or country) U 13. NAME Willow Pavel 14. BIRTHPLACE (city or town) Malf	
[14. BIRTHPLACE (city or town)	Name of operation Date of
15. MAIDEN NAME Minnie Calluton 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT What Davel	What test confirmed diagnosis?
18. BURIAL, CREMATION, DR REMDVAL Place Chancy vill Date March 193	Manner of Injury
19. UNDERTAKER Wilson Garvell (Addross) Chaney vill	24. Was disease or injury in any way related to occupation of deceased? If so, specify
20. FILED march 22 1933 W24 Handesty	(Signed) A Ward to 11 f M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	i i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURRAU V.S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	940
County Catalog	Registration Dist. No. 5
Village or City Attornores	No. St., Ward
Length of residence in city or town where death occurredyrsmos	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?
2. FULL NAME Sophio Catherine	Files
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR, OR RACE OR DIVORCED (Drive the word) OR DIVORCED (Drive the word)	21. DATE OF DEATH March (Month) (Day) (Yaar)
58. If married, widowed, or divorced HUSBANO of (or) WIFE of Clearles Felos.	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Mor. 31-1869	I last saw h. RY alive on Plenory 2019 3 3; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 1 2 A Am.
63 // 28 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of Importance were as follows:
8. Trada, profession, or particular kind of work done, as SPINNER, an Roome SAWYER, BOOKKEEPER, etc.	augura Pectoris 1931
kind of work done, as SPINNER, A Lowell SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Oato decaased last worked at this occupation (month and spant in this	(no physician in attendance)
year) occupation	Other Contributory Causes of importance:
13. NAME John Fusly	
13. NAME John Justy 14. BIRTHPLACE (tity or town) Maryland (Stata or country)	Name of operation
15. MAIOEN NAME anna Rebecca Clearton	What test confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (VIOLENCE) fill fin also tha following:
16. BIRTHPLACE (city or town) 10 (State or country)	Accident, suicida, or homicida?
17. INFORMANT Mrs. UM Rekor (Address)	(Specify city or town, county and State) Specify whether injury occurred in fNDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Plece or Cornous, Med Date 3/3 1933	Manner of Injury
19. UNDERTAKER Q. Q. Harteness (Address) milliag and	24. Was disaase or injury In any way related to occupation of decaased?
20. FILED 3 3 , 19 33 RESIGNATION Registrar.	(Signed) E S Coster M. D. (Address) Solomons M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balsimore, Requesting V. S. No. 1.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis -	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

WRITE PLANNLY, W UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be arefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. N. B.-

MARGIN RESERVED FOR BINDING

V. S. No. A.

STATE OF MARYLAND-	-CERTIFICATE OF DEATH	2680 -
1. PLACE OF DEATH	5.	2
County Colvert	Deciated in Diet at Man	. 0
Village or City Poplars Mil	Registration Dist. No.	7.36
/0	ND. St., If death occurred in a hospital or institution, give its NAME instead of street and	Ward
Length of residence in city or town where death occurred by yrsmos	sds. How long in U.S. if of foreign birth?yrs m	number)
2. FULL NAME Jamuel Frady		
(a) Residence: No. Poplare Med	St., Ward.	
(Usual place of abode)	If nonresident give city or town and	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (while the world)	21. DATE OF DEATH	_
aloned larred	Meh 19	, 193
5a. If married, widowed, or divorced HUSBAND of	(Month) (Day)	(Year)
(or) WIFE of Mollien Carlings ?	22. HEREBY CERTIFY, Thet I attended	deceased from
C PATE OF MINTER	19.33, to well 19	, 19.5.5
6. DATE OF BIRTH (month, day, and year) 7. AGE Yeers Months Days If IFSS than		; death is seld
7. AGE Yeers Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at	
ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	Date of onset
8. Trade, profession, or perticular kind of work done, as SPINNER, 3	1	Date of onset
Industry or business In which	Tremon well	1923
Kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this processing (morth and	Trestruel perpooling	3/15/32
10. Date deceased last worked et this occupation (month end spent in this	- Ro	3./
this occupation (month end 1 62 spant in this occupation	- works	/19/33
12. BIRTHPLACE (city or town)	Other Cuntributer Causes of importence:	1
(State or country)	mo history	
II 13. NAME James Trades		
14. BIRTHPLACE (city or town)		
(State or country)	Neme of operation	-7.
15. MAIDEN NAME Chan latte Cate	What test confirmed diagnosis? Was there an at	
15. MAIDEN NAME Charlotte latter 16. BIRTHPLACE (city or town) Sunderland Md.	23. If death was due to externat causes (VIOLENCE) fill in also tha following:	
State or country)	Accident, suicide, or homicide? Date of injury	, 19
17. INFORMANT alvins Grades	Where did injury occur? (Specify city or town, county and State)
(Address) Popular	Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLA	ČE.
18. BURIAL, CREMATION, DR REMOVAL	Manageria	
Place Mt Haufe Date March 21, 1933	Manner of Injury	
210.6	Nature of injury	
19. UNDERTAKER Willow Devel	24. Was disease or injury in any way related to occupation of deceased?	·
120-21-2/2/	If so, specify 47 13-63	
20. FILED march, 1935 W.H. Harberty Rosistrat.	(Signed).	M. D.
	(Address) North Neach Us)	
the state of the s	411 14. Charles Street, Baltimore, Kequesting V. S. No. 1.	

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	S	TATE (OF MAR'	YLAND-	CERTIFICATE OF DEATH 02681
1.	PLACE OF DEAT		~		3)
	County	alu	evi		Registration Dist, Np. 5/
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	17	117	1.11.	
	Village or City	1000	1109	with the	NoSt., Wo f death occurred in a hospital or institution, give its NAME instead of street and number)
	Length of residence in ci	ly or town where	death occurred	yrsmos	
	FILL MARK	12	18	home	Honort.
2.	. FULL NAME		2	0 , 7	1.
	(a) Residence: No	·····/··	(Usual place	of abole	Ward. If nonresident give city or town and State
- China	PERSONAL AN	DSTATIS			MEDICAL CERTIFICATE OF DEATH
3. S		R OR RACE		RIED, WIDOWED,	21. DATE OF DEATH
0.0	m.1.		OR DIVORCE	(write the word)	2/ 7 7/193 3
-	11/14/	1-6	80	yu	(Month) (Day) (Year
5a. l	If married, widowed, or divo HUSBAND of	rced			22. 1 HEREBY CERTIFY. That I attended deceased
	(or) WIFE of				, 19 , to , 19
c 10	ATT OF BIRTH (month do	, and ware)	31	27/23	I last sew have alive on
7. A	OATE OF BIRTH (month, day GE Yeers	Months	Days	IT LESS than	to have occurred on the date stated above, at
1. /	100	Months	20,0	1 day,hrs.	
-			-	ornin.	were as follows:
NO	kind of work done,	8. Trade, profession, or perticuler kind of work done, es SPINNER, SAWYER, BDOKKEEPER, etc			1711
PATIC					Mul down
JP.	work was done, as SAW MILL, BANK,	ILK MILL.			
DOCCI	10. Dato deceased last wor	ked at	11. Total ti	me (years)	
0	this occupation (mo	nth and		nt in this	
			71. 1		Other Contributory Canaes of importance:
12.	(State or country)		In	1	
o: I	(4)	1	1/411	1	
HER	13. NAME	1M /	Lave	,	
FATH	14. BIRTHPLACE (city or to	wn)	Tud		Name of operation Date of
	(State or country)	h. /	· V	9	What test confirmed diagnosis? Was there an autopsy?
1ER	15. MAIDEN NAME	Mas	a	dools	23. If death was due to external causes (VIDLENCE) fill In also the following:
MOTH	16. BIRTHPLACE (city or to	wn)	ma	/	Accident, suicide, or homicide?Date of injury, 19
Σ	(State or country)		1100	-1	Where did injury occur?
	In In	the son	Nan	ord-	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17.	(Address)		4114	uble,	
18.	BURIAL, CREMATION, OR I	REMOVAL	1 -11	1	Menner of injury
	Place Tarke	is Cree	Date /2	8 ,1933	Nature of injury
	77	. Olive	Harr	d	24. Was disease or injury In any way releted to occupation o) deceased?
19.	UNDERTAKER POR	Com	0 1/	1	
	(Address) out	a put	John Marie	1	- if so, specify the state
20.	FILED 7-20	19313	2. 11.0	rug	(Signed)
				Registrar.	(Address)

02681

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Example I	2.1	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Perilonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1928	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH state OCCUPA 1. PLACE OF DEATH 200-2 Jo plnods Registration Dist. No. item Village or City No. WardSt., Jo (If death occurred in a horpital or institution, give its NAME instead of street and number) PHYSICIANS Length of residence in city or town where death occurred. How long in U.S. If of foreign birth? yrs. ___ mos..._ ds. statement yrs.....mos. 2. FULL NAME ECORD. (a) Residence: No. St.. Ward (Usual place of abode) If nonresident give city or town and State Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) PERMANEN (Month) (Day) (Year) 5a. II merried, widowed, or divorced O HUSBAND of 22. I HEREBY CERTIFY. That I attended deceased from (or) WIFE of . 19 , to -certificate. 6. DATE OF BIRTH (month, day, end year) , 19. ; death is said properly 7. AGE Years Months Days If LESS than stated to have occurred on the date stated above, at//. 1 day. hrs The PRINCIPAL CAUSE OF DEATH and related causes of importance SI 01. min. were as follows Date of onset 8. Trade, protession, or particular THIS LION kind of work done, as SPINNER, be Jo SAWYER, BOOKKEEPER, etc. may back Industry or business in which should OCCUPA work wes done, es SILK MILL. SAW MILL, BANK, etc 10. Dato deceased lest worked at on 11. Total time (years) this occupation (month and spent in this GE that year) _____ occupation instructions DING Contributory Chuses of importance So 12. BIRTHPLACE (city or town) history of Alness; no mostrer (State or country) supplied terms, FATHER See 14. BIRTHPLACE (city or town) plain Name of operation.... (State or country) carefully What test confirmed diagnosis?_ Was there an au'opsy?. MOTHER 15. MAIDEN NAME important. H.fin 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?______ Date of injury ______, 19 16. BIRTHPLACE (city or town) (State or country DEAT Where did injury occur?_____ should be (Specify eity or town, county and State) Specily whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT very OF (Address) 18. BURIAL, CREMATION, OR REMOVA Manner of injury CAUSE mation Nature of Injury NOIL 24. Was diseese or injury In any way related to occupation ot deceased? (Address) If so, specily 20 Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V.B. No. 1.

BINDING

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ugo
SHEELE AND WAR			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SP	PACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND-CERTIFICATE OF DEATH OCCUPA 1. PLACE OF DEATH should item of County Registration Dist No. Village or City Nn. (If death occurred in a horpital or institution, give its NAME shatead & street and number) TO Length of residence in city or town where death occurred statement mos. ds. How long in U.S. if of foreign birth? PHYSICIAN RECORD. (Usual place of abode) If nonresident give city or lown and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21, DATE OF DEATH OR DIVORCED (write the word) march AL 0 -(Month) (Day) (Year) 5a. II married, widowed, or divorced HUSBAND of (or) WIFE of PERMA CERTIFY. That I attended deceased from 7 (m) certificate. 6. DATE OF BIRTH (month, day, and year) (7. AGE proper Years If LESS than Davs stated to have occurred on the date stated above at 10 1 day, hrs. The PRINCIPAL CAUSE OF DEATH and retated causes of importance or min. were as follows: 8. Trade, profession, or particular Date of onset OCCUPATION kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. be Je may back Industry or business in which work was done, as SILK MILL. plnods SAW MILL, BANK, etc 10. Date deceased last worked at 11. Total time (years) this occupation (month and spent in this 704 that instructions year) Les occupation Ofher Contributory Causes of 12. BIRTHPLACE (city or town) (State or country) supplied terms, FATHER 13. NAME See 14. BIRTHPLACE (city or town) plain fully (State or country) What test confirmed diagnosis? Was there an aulopsy MOTHER important 23. If death was due to external causes (VIOLENCE) fill in also the following DEATH 16. BIRTHPLACE (city or town) Accident, suicide, or homicide?____ Date of injury (State or country) Where did injury occur? (Specify city or town, county and State) plnods Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE OF (Address) 18. BURIAL, CREMATION, OR REMOVAL CAUSE Manner of injury mation Nature of injury 24. Was disease or Injury in any way related to occupation of deceased? (Address) Carero If so, specify 4 8 Registrar. (Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example 1		Example II	
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 02684
1. PLACE OF DEATH	95B
County Calvery	Registration Dist, No. 30
Village or City Lotton	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	death occurred in a normal or institution, give its NAIVIE, instead or street and number) ds. How long in U.S. if of foreign birth?ds.
2. FULL NAME Filliam Ho	ward
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3, SEX 4, COLOR OR RACE 5, SINGLE, MARRIFO, WIDOWEO.	MEDICAL CERTIFICATE OF DEATH
Amale Hack Married (write the word)	21. DATE OF DEATH March 27, 1983 (Month) (Oay) 7 (Year)
5a. ff married, widowed, or divorced HUSBAND of (or) WIFE of William Howard	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Feb. 22-1884	I last saw h alive on
7. AGE Years Months Days If LESS than 1 day, hrs.	to have occurred on the date stated above, at 10.2 m. The PRINCIPAL CAUSE OF DEATH and related causes of importance
R Trade profession or particular	acute Cardio Dilatation
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and spant in this	(nophypician in attendere)
12. BIRTHPLACE (city or town) Manyland	Other Coatributory Causes of importance:
(State or country) 13, NAME Glover Edwards	
13. NAME Horge Edwards 14. BIRTHPLACE (city or town) Manyland (State or country)	Name of operation Date of What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME Susun Jackson	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Sus un Jackson 16. BIRTHPLACE (city or town) Maryland, (State or country)	Accident, suicide, or homicide? Oate of injury, 19
17. INFORMANT Um Howard (Address) Scomons, mid.	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place up head Date M8 - 9 ,1933	Manner of injury
19. UNDERTAKER W. Sewell Fruice Frederich	24. Was disease or Injury in any way related to occupation of deceased?
20. FILED 3/28 1933 Drasfotor.	(Signed) & S. Coster M.D.

Registrar.

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastrocnteritis	1 year

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

—WRITE PLAINLY, WI. UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. MARGIN RESERVED FOR BINDING N. B.—WRITE PLAINLY, WIN

STATE OF MARYLAND—	CERTIFICATE OF DEATH (12686
1. PLACE OF DEATH	
County (alver	Registration Dist. No. 50
Village or City Island Cur	CNO.C
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos.	ds How long in U.S. if of foreign birth?yrs mos. ds
2. FULL NAME Colward	aom
(a) Residence: No. Is land Chil	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
HUSBAND of	22. A LHEREBY CERTIFY. Thet I attended deceased from
(or) WIFE of They la a on	22. 3 HEREBY CERTIFY, Thet attended decessor from
DATE OF RIRTH (month day and year) Lan 16, 19824	t tast saw h. w alive on 3/18/19 Death is sai
AGE Yaars Months Days If LESS than	to heve occurred on the data stated above, et. 9.9.m.
49 2 / 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trada, profassion, or particular	ware es follows:
kind of work dona, as SPINNER, Laborer . SAWYER, BOOKKEEPER, atc.	Labo nemme 6d
9. Industry or business in which	0.00
kind of work dona, es SPINNER, SAWYER, BOOKKEPER, atc. 9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc. 10. Date daceased tast worked et this occupation (month and	
year) coupation	Other Contributory Causes of Importance:
2. BIRTHPLACE (city or town)	Of a form
(State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) (State or country)	Miones Vale heart election 6 91
13. NAME Thury Muson	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country)	What test confirmed diegnosis?
15. MAIDEN NAME ILA Garille	23. If death was due to extarnat causas (VIOL ENCE) fill In also tha following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	Accident, suicida, or homicide? Date of injury, 19
(State or country)	Whera did injury occur?
INFORMANT John Mason	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
MFORMANT Dalased Cruck	
B. BURIAL, CREMATION, OR BEMOVAL	Mannar of injury
Place Island Culty Date Macl 18, 1933	Nature of tnjury
My Second	24. Was disease or injury in any vay related to occupation of deceased?
9. UNDERTAKER (Address)	tf so, spacify
	Man
10, FILED Moul 1 8, 19 33 Helow Susen	(Signad)

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Example 1 The principal cause of death and related causes of importance were as follows:		Example 11		
		The principal cause of death and related causes of importance were as follows:	Date of onset	
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Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

STATE OF MARYLAND—CERTIFICATE OF DEATH

elvent,	Registration Dist. No. 151
tud.	No. Calpert to. Na app Ward
/	death occurred in a hospital or institution, give its NAME instead of street and number)
where death occurredyrsmos:	ds. How long in U.S. il of loreign birth?
constine /	horsell
Willows:	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
TISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH March 15, 193 3, (Year)
um Morsell	22. 1 HEREBY CERTIFY. Thet t attended deceased from 19 0, to 3 1/5/19 33
nder 10, 1908	I last saw h w alive on 3 141, 1933, death is said
nths Days If LESS than	to have occurred on the date stated above, at 7: 4: m.
3 day, hrs.	The PRINCIPAL CAUSE OF DEATH and retained causes of importance were as follows:
0	Date of onset
IER. Donualie	1 1 2 2 2 11
. It ham.	Typula man. 2/1/2
11. Total time (years)	
spent In this (years)	
10.1	Other Contributory Causes of Importance:
- A	
my I Hate	
30	
pa	Name of operation
and lanker	What test confirmed diagnosis?
man from	23. If deeth was due to external causes (VIOL ENCE) fill in also the following:
	Accident, suicide, or homicide?
1	Where did injury occur? (Specify city or town, county and State)
100	Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
ellows 31	Manner of Indian
20 Date 117 19 33	Manner of Injury
la and	Neture of Injury
Jares, Ked.	24. Was disease or Injury in any way selated to occupation of deceased?
0-20 10:	(Signed) M.D.
X. M. July Registrar.	(Address) rune Guellass
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V.S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH

	23)
uly	Registration Dist. No.
the Cipalolian where death occurred wife yes	No. St., Ward (If death occurred in a hospital or institution) give its NAME instead of street and number) mos. ds. How long lo OS il of foreign birth? yrs. mos. ds.
thom Ed	St., Ward.
(Usual place of abode)	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
CE 5. SINGLE, MARRIED, WIDOWED	
OR DIVORCED Coming the word	
- A	22. HEREBY CERTIFOY, That I attended deceased from
Unknown	1 last saw harmalive on 8 14 14 1932 death is said
nths Days If LESS tha	The PRINCIPAL CAUSE OF DEATH and related causes of importance
ER,	Julmonary Internation
Farmer	
932 11. Total time (years) spent in this occupation /2	Other Contributory Causes of importanca:
land Comil	1
m lancey!	
alnus Co	Name of operation
4. Q. Commo	What test confirmed diagnosis? Was there an autopsy? If death was due to externat causes (VIDL ENCE) fill in also the following:
Telmus	Accident, suicide, or homicide?
y min	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
eur Date Mah 24.19	Manner of injury
ivels	24. Wes disease or injury In eny way releted to occupation of decaased?
A.M. King	(Signed). A Ciny
	trar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. A

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

-1	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ngo
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

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Wilage or City Living Full County (II death occurred in a horpital or institution, give in NAME intered of street and number) Length of residence in city, or twoys where death occurred in a horpital or institution, give in NAME intered of street and number) (a) Residence: No. (Usual place of shock) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVOGED (write the word) 53. II mairied, widowed, or divorced HUBBARD or Grow Wilfle of City Wilfle of 19. 6. DATE OF BIRTH (month, day, and year) 10. ACE Years Months Days 11 LESS than 1 last sew hore a slive off. 12. I HE REBY CERTIFY, That I attended deceased for city Wilfle of 19. 13. SEX 14. COLOR OR RACE 55. II mairied, widowed, or divorced HUBBARD or Grow Wilfle of 19. 15. MATE OF BIRTH (month, day, and year) 16. DATE OF BIRTH (month, day, and year) 17. ACE Years Months Days 18. LESS than 1 last sew hore a slive off. 19. Gealth is as the number of the county of the	1. PLACE	OF DEATH		3		UC	003
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PERSONAL AND STATISTICAL PARTICULARS J. SEX 4. COLOR OR RACE S. SINCLE, MARRIED, WIDOWED OR DIVORCED (surire the world) So. Il married, widowed, or divorced HISBANO of (Or) WIFE of HISBANO of (Or) WIFE of POPULATE OF DEATH COLOR OR RACE S. SINCLE, MARRIED, WIDOWED OR DIVORCED (surire the world) 21. DATE OF DEATH COLOR OR RACE S. SINCLE, MARRIED, WIDOWED ON DIVORCED (surire the world) 22. I HEREBY CERTIFY, That I altended deceased for (Or) WIFE of (Noath) 19. (death is a 19. (de			f	Ct Word			
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Where did injury occur? (Specify city or town, county and State) 17. INFDRMANT Marrie Parler (Address) Parle 18. BURIAL, CKENATION, DR REMOGAL Place Marrie Parle 19. UNDERTAKER (Addless), Parle (Addless), Parle (Addless), Parle (Addless), Parle (Addless), Parle (Specify city or town, county and State) Specify whether injury occurred in tNDUSTRY, in HOME, or in PUBLIC PLACE. Nature of injury Nature of injury 24. Wes disease or injury in any way related to occupation of deceased? If so, specify (Signed) M.	6 16. BIRTHPLA	CE (city or town)	t.	Accident, suicide, or homicide?		Date of injury	, 19
17. INFORMANT (Address) 18. BURIAL, CREMITION, DR REMOVAL Place Place 19. UNDERTAKER (Address) 19. UNDERTAKER (Address)	∑ (State	or country)	70	Where did injury occur?	(Sana)(u aitu	16.	
Place Line N. Date 1.0 192 Nature of injury 19. UNDERTAKER (Addless), Places Suck. 24. Wes disease or injury in any way related to occupation of deceased? If so, specify (Signed) (Signed) M.		Dary	Janen 1	Specify whether injury occurred	in tNDUSTRY, in H	IOME, or in PUBLIC F	PLACE.
20. FILED 3/18, 19 3 3 2 M. Saudy (Signed) (Signed) M.		www f.	Date 1/0 1933				
20, FILED 3/18 19 3 3 2. M. Jacey (Signed) + Colored M.		M. y Ser	vece	- /	way related to occu	pation of deceased?	
// Registrat. 11 (Acutess)	20, FILED 3/	18 19 33	M. Jeny Registrar.	4/11	war	a luc	ØM.
If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V.B. No. 1.		If mor	e blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, R	Requesting U.B. N	0. 1.	

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To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory eauses of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

IS A PERMANENT RECORD. Every item of inforstated EXACTLY. PHYSICIANS should state Exact statement of OCCUPAproperly classified. BINDING UNFADING INK-THIS be mation should be carefully supplied. AGE should be JARGIN RESERVED CAUSE OF DEATH in plain terms, so that it may -WRITE PLAINLY, WIS V. S. No. 1

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FOR

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	02690
County (after to	Registration Dist. No. 5
Village or City Markall	No. St., Ward
Length of residence in city or town where death occurred	f death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
aline / Fund	In in
2. FULL NAME	P
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
ia. If marriad, widowed, or divorced HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from
DATE OF BIRTH (month day and year) Questakes 11,19:	Glast saw h M elive on 3/3/1935: death is said
6. DATE OF BIRTH (month, day, and yeer) 7. AGE Years Months Days If LESS than	to heve occurred on the date stated ebove, at // 3 4 m
3 5 15 1dey, hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance
8. Trade, profession, or particular	wero es follows:
8. Trade, profession, or particuler kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	Lakar Incumaria 3/1
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month end	
SAW MILL, BANK, etc	
this occupation (month end spant in this occupation occupation	
20.1	Other Coutributory Causes of importance:
(State or country)	
13. NAME Tabias Pawhies	
	Name of operation. Date of
(State or country)	What test confirmed diagnosis?
15. MAIDEN NAME Zoma Sharten	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Lors a Sharten 16. BIRTHPLACE (city or town)	Accident, suicide, or homicida? Date of Injury, 19
(Stata or country)	Where did injury occur?
17. INFORMANT Tahias Cum hugo (Address) Markall me	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CARMATION, OR REMOVAL	Manner of injury
Place Prooks Caple Date 128 ,1933	Nature of injury
19. UNDERTAKER Hilson Mason (Address) Dince Mederick M.J.	24. Was disease or injury in any say related to occupation of deceased? If so, specify
20. FILED 3/27, 1933 Q. M. Sung Registrar.	(Signed) Much Freedens
The state of the s	2411 N. Charles Street, Baltimore, Requesting U. S. No. 2.

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To be complete, an occupation return must state:

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11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Arteriosclerosis	1915	Attack of epilepsy	1 week ogo
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

stated EXACTLY. PHYSICIANS should state UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA. CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. AGE should be carefully supplied. -WRITE PLAIN mation should N. B.

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	62691
county Calvery	Registration Dist. No.
Village or City Mulical	No. St., Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and aumber)
Length of residence In city or town where death occurredyrs,mos	ds. How long In U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME James	las
(a) Residence: No. / Junuary (Usual place of abode)	St., Ward. If nonresident give city or lown and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWID. OR DIYORCED (write the word)	21. DATE OF DEATH March 17 193 3,
5a It married widowed or divorced	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mullig Cuss.	22. I HEREBY CERTIFY. That I attended deceased from 3/11/19 33to - 3/17/19 33
6. DATE OF BIRTH (month, day, and year) Am 17, 1858	I last saw h aliva on 3/13/19 3 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
75 2 0 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trada, profession, or particular	- C P P
kind of work done, as SPINNER, Janney,	Lahar Meumana 6 day
Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc IO. Dato deceased last worked at this occupation (month and year) year) Occupation	
en 1	Other Coatributory Casses of importance:
12. BIRTHPLACE (city or town) (State or country)	muscaldition ale
	1 my carrier 2001
E mal	Name of acception
14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
	23. If death was due to external causes (VIOLENCE) fill in also the following:
H An	Accident, suicide, or homicide?
O 16. BIRTHPLACE (city or town) (Stata or country)	Where did injury occur?
17. INFORMANT Jas F. VIuas (Address) Taland Cruck.	(Specify city or town, county and State) Spacify whather injury occurrad in INOUSTRY, in HOME, or in PUBLIC PLACE.
	Manner of injury
Place Raters Remarial Date 1 8 193 3	Natura of injury
19. UNDERTAKER J. A. Harkies & Sou (Address) Martinal Mad.	24. Was diseasa or injury in any way related to occupation of deceased? Ma
20. FILED. 7.18 , 19.3 3 M. Seu f. Registrar.	(Signed) Syrewe (M.D.) (Address) Frum Fredrick Mid
1 11	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	Example I		Example II	
The principal cause of importance were a	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	- ADD 0 1933	1915	Attack of epilepsy	1 week ago
Chronic interstitial neg	hritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BURRAU V.S.	July 5,1927	Peritonilis	3 days ago
Other contributory of	eauses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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stated EXACTLY. PHYSICIANS should state item of inforof OCCUPA-Every Exact statement IS A PERMANENT RECORD. properly classified. FOR BINDING certificate. UNFADING INK-THIS be ARGIN RESERVED AGE should be TION is very important. See instructions on back of CAUSE OF DEATH in plain terms, so that it may supplied. mation should be carefully -WRITE PLAINLY,

V. S. No. 1

1. PLACE OF DEATH	CERTIFICATE OF BEATT
(aluent,	30.11.01.11.01
County	Registration Dist. No.
Village or City Callery Co J	spot, fund the senting
Length of residence in city or town where death occurred	f death occurred in a hospital or institution, give its NAME instead of street and number) s, ds. How long In U.S. if of foreign birth? yrs, mos. ds.
1+11 /	
2. FULL NAME JULY WARN	Sullon
(a) Residence: No.	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDDWED.	21. DATE OF DEATH 2 1 7-1
Male Cal. OR DIVOKCED (write the world)	(Month) (Day) . 193 (Year)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I attended deceesed from
(or) WIFE of	. 19 . to . 19
3/20/33	I lest saw h alive on, 19; death is said
6. DATE OF BIRTH (month, day, end yeer) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm
1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
Ormin.	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	1 1 0
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	Aut som
work was done, as SILK MILL, SAW MILL, BANK, etc.	
0 10. Date deceased last worked at this occupation (month and spant in this	
year) occupation (month and spatt in this	
12. BIRTHPLACE (city or town)	Other Contributory Causes of importence:
(State or country)	
13. NAME I devaid Datton	
14. BIRTHPLACE (city or town).	Name of operation Date ot
(State or country)	What test confirmed diagnosis?
15. MAIDEN NAME Clara Chioe	23. If death was due to external causes (VIDLENCE) fill In also the following:
15. MAIDEN NAME Clara Chare 16. BIRTHPLACE (city or town).	Accident, suicide, or homicide?
O 16. BIRTHPLACE (city or town) (State or country)	Where dld injury occur?
Clara Chara	(Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, in HDME, or in PUBLIC PLACE.
17. INFORMANT Clarif Mag.	Specify whether injury occurred in Industry, in nume, of infruence reace.
18. BURIAL, OFEMATION OF REMOVAL	Manner of injury
Place Thomas The Date of profit 2 , 1933	Nature of Injury
19. UNDERTAKER Codward Sultury	24. Wes disease or injury in any way related to occupation of deceased?
(Addiess) Olivel 2000	If so, specify
a cura march 20 3 \$10 Parking world	(Signed) ,M.P.
20. FILED Register.	(Address) / rune Tredesif

STATE OF MADVI AND-CEPTIFICATE OF DEATH

02609

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

BINDING

RESERVED

STATE OF MARYLAND-CERTIFICATE OF DEATH

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ETTREATT V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
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County Village or City Williage or City	1. PLACE OF DEATH	CERTIFICATE OF BEATH 02694
Village or City With Manual Length of residence in city or town where death occurred, yes,, mos	0.1. 7	93-0
Cit death occurred in a hospital or institution, give in NAME intered of uncertain disuble) Langth of residence in Gity or town where death occurred. 2. FULL NAME (a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINCIF, MARRIED, WIDOWED OR BYBERD (write the word) 55. If married, widowed, or divorced (Gor) Wife of Cory Wife of ACT OF BIRTH (month, day, and years) 1. AGE Very Months Osys 1. Lists then 1. India, profession or particular SAWYER, BOOKREPER, etc. 20. Date Gord will, Bark, etc. 1. Date of profession or particular SAWYER, BOOKREPER, etc. 1. Obstate descend last worked at sport in this sport in this occupation (month and approximate) 1. BIRTHPLACE (city or town) Most or country) 1. SIRTHPLACE (city or town) Most or country) 1. Hord and a six or country) Manne of operation. Name of operation. Na		and the second s
Length of residence in city or fown where death occurred. 2. FULL NAME (a) Residence: No. (b) Ward. PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SIKEL, MARKED, WIDOWED, ON PURBED, WIDOWED, ON PURBED (write the word) 5. If married, widowed, or divorced HUSRNO of HUSRNO	Village or City (II	
(2) Residence: No. (2) Residence: No. (3) Residence: No. (4) COLOR OR RACE (5) SINCIP, MARRIED, WIDOWED, OR DOUBLED Comite the word on the word of the word of the word on the word of		
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINCIE, MARRIED, WIDOWED, OR DURISED Centre the word) Or, PIEC S. 5. If married, widowed, or divorced HUSBAND of Grant Share Street	2. FULL NAME Hay and whit	e.
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINCIE, MARRIED, WIDOWED, OR DURISED Centre the word) Or, PIEC S. 5. If married, widowed, or divorced HUSBAND of Grant Share Street	(a) Residence: No.	St. Ward
3. SEX 4. COLOR OR RACE OR DETAILS OR D	(Usual place of abode)	
So. It married, widowed, or divorcad HUSBANO of Corp. Wife of of C		MEDICAL CERTIFICATE OF DEATH
55. It married, widowed, or divorcad HUSBAND of Control Husband and control Husband and control Husband and control Husband and control Husband of		21. DATE OF DEATH Wand 11
HUSBAND OF (or) WIFE of HEAVEY KELLEAU FLUTE 6. DATE OF BIRTH (month, day, and yearly 12/55 7. AGE Year Months Oays ILESS than I day her or min. 8. Trade, plession, or particular kind of work done, as SPINNER. Jornestus 8. Trade, plession, or particular kind of work done, as SPINNER. Jornestus 8. Irade, plession, or particular kind of work done, as SPINNER. Jornestus 8. Irade, plession, or particular kind of work done, as SPINNER. Jornestus 8. Irade, plession, or particular kind of work done, as SPINNER. Jornestus 8. Irade, plession, or particular kind of work done, as SPINNER. Jornestus 8. Irade, plession, or particular kind of work done, as SPINNER. Jornestus 8. Irade, plession, or particular kind of work done, as SPINNER. Jornestus 8. Irade, plession, or particular kind of work done, as SPINNER. Jornestus 8. Irade, plession, or particular kind of work done, as SPINNER. Jornestus 8. Indextrop obsciences of importance were stallow: 9. Indextrop obsciences of importance were stallow: 12. IR faath was due to external causes (VIOLENCE) fill in also the following: 13. It death is said to have occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. 14. BIRTHPLACE (city or town) 15. MAIDENTROPHIC CICY or town) 16. BIRTHPLACE (city or town) 17. INFORMANT John of REMOVAL 18. BURIAL, CREMATION, OR REMOVAL 19. UNDERTAKER WATHATANA John of Indextrophic Accidents suicide, or homicide? 19. UNDERTAKER WATHATANA John of Indextrophic Ac	5s. If married midward and discord	(Month) (Day) (Year)
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7. AGE Yest Months Oays I day, hrs or min. 8. Trada, profession, or particular kind of work done, as SPINNER, Johnson SAWYER, BOOKKEPER, atc. P. Industry or business in which work was done, as SILK MILL, SAWYER, BOOKKEPER, atc. P. Industry or business in which work was done, as SILK MILL, SAWYER, BOOKKEPER, atc. 10. Date deeesed last worked at work was done, as SILK MILL, SAWYER, BOOKKEPER, atc. 11. Total time (years) spent in this occupation Other Ceatributery Causes of importance Other Ceatributery Causes Othe	Mary Killan Kule	
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Registrar. (Address) Chong Md		
	Registrar.	

STATE OF MADVI AND—CEPTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioscierosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 seek ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE	CE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND—	CERTIFICATE OF DEATH 02695
1. PLACE OF DEATH	<u> </u>
County Calvert	Registration Dist. No. 5
Village or City Paris	No. St., Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredmos	ds. How long in U.S. if of foreign birth? yrs mos. ds.
2. FULL NAME	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SINGLE, MARKED, VIDOWED, OR DIVORCED Fugice the word)	21. DATE OF DEATH (Month) (Day) (Yaar)
ia. If merried, widowed, or divgreed HUSBAND of	A LUCE CON CERTIFY THE CONTRACTOR
(or) WIFE of Mary Wills	Went 23 1972 to Accuse 19
5. DATE OF BIRTH (month, day, and feat) Jan 5 1897	Hast sew h un elive on We 23 19-7; death is said
AGE Years Months Days If LESS than	to have occurred on the data stated above, at /O A m
35 11 17 ldey, hrs. or min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trede, profession, or particular kind of work done, as SPINNER, Tarvey	Hyperlansian ?
SAWYER, BOOKKEEPER, etc	01 0 0 1 0 11
work was done, as SILK MILL, SAW MILL, BANK, etc.	Crevia nomingeoly
10. Data daceased lest worked at 11. Total time (years)	CALLED TO THE CONTROL OF THE CONTROL
this occupation (month and spant in this year) occupation	
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
1 13, NAME Isent Wills	
14. BIRTHPLACE (city or town)	Name of operation. Data of
(Stete or country)	What test confirmed diagnosis? Was there en eutopsy?
15. MAIDEN NAME Levenia Elton	23. If death was due to external causes (VIOLENCE) fill In elso the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State or country)	Where did injury occur? (Specify city or town, county and State)
17, INFORMANT Frank Wills	Spacify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address) Paris	
Place Frendship Dete March 1933	Menner of injury
19. UNDERTAKER Bobelet Word (Address) Frandship	24. Was disease or injury in any way related to occupation of decaased?
20. FILED march 2, 1923 WH Frandes 4 Registrar.	(Signed) Aug (M.D. M.D. (Address) (During M.D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I.	-1	Example II			
Example I. The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
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Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAL	N
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